

ATTACHMENT-A

**ANNUAL BIDDER INFORMATION
AND
CONTRACTOR SURVEY**

MaineDOT BIDDER INFORMATION

Prime Contractor: _____ Contact Person: _____ EEO Officer: _____

List All Quotes Received for MaineDOT federal-aid projects (not suppliers, equipment providers or trucks) from April last year to April this year.

List alphabetically Duplicate if Necessary Return Report by: _____ Page ____ of ____

	<u>Subcontractor Name</u>	<u>Address (Town/State)</u>	<u>DBE</u>	<u>Non-DBE</u>	<u>Business Age</u>	<u>Annual Gross Business Receipts</u>
1.)	_____	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____	_____
3.)	_____	_____	_____	_____	_____	_____
4.)	_____	_____	_____	_____	_____	_____
5.)	_____	_____	_____	_____	_____	_____
6.)	_____	_____	_____	_____	_____	_____
7.)	_____	_____	_____	_____	_____	_____
8.)	_____	_____	_____	_____	_____	_____
9.)	_____	_____	_____	_____	_____	_____
10.)	_____	_____	_____	_____	_____	_____
11.)	_____	_____	_____	_____	_____	_____
12.)	_____	_____	_____	_____	_____	_____
13.)	_____	_____	_____	_____	_____	_____

Use Additional Sheets as Necessary.

**DBE PROPOSED UTILIZATION
FORM**

CONSULTANT

____ Original Submission

Page ____ of ____

____ Revision # _____

**MaineDOT CONSULTANT'S DISADVANTAGED BUSINESS ENTERPRISE
PROPOSED UTILIZATION FORM**

Must be provided as an attachment to each New or Revised Technical Proposal

Consultant: _____

Telephone: _____

Prepared by: _____

Fax: _____

TOTAL CONTRACT/MODIFICATION AMOUNT: \$ _____ DATE OF EXECUTION: ____/____/____
(For Department Use Only)

FEDERAL PIN # _____ PROJECT LOCATION: _____

TOTAL DBE _____ % PARTICIPATION FOR THIS PROJECT

W B E•	D B E•	Firm Name	Description of Work & Item Number	Actual \$ Value
Total >				

Consultants must make a good faith effort to include Certified DBE firms in all aspects of the project. If no DBE firms are to be part of this project team, a detailed explanation is required.

Equal Opportunity Use:

Form received: ____/____/____ Verified by: _____

____ Accepted ____ Rejected _____

cc: ☐ Contracts ☐ Other _____

- WBEs are non-minority women owned firms certified by MaineDOT
 - DBEs are male and minority owned firms certified by MaineDOT
- For a complete list of certified firms go to <http://www.maine.gov/mdot>

Rev. 11/03

**DBE PROPOSED UTILIZATION
FORM**

CONTRACTOR

____ Original Submission

Page ____ of ____

____ Revision # _____

**MaineDOT CONTRACTOR'S DISADVANTAGED BUSINESS ENTERPRISE
PROPOSED UTILIZATION FORM**

Low Bidder must furnish this form to Contracts Section Bid Opening day.

Contractor: _____

Telephone: _____

Prepared by: _____

Fax: _____

BID PRICE: \$ _____

BID DATE: ____/____/____

FEDERAL PIN # _____

PROJECT LOCATION: _____

TOTAL DBE _____ % PARTICIPATION FOR THIS PROJECT

W B E•	D B E•	Firm Name	Unit/Item Cost	Unit #	Description of Work & Item Number	Actual \$ Value
Total >						

Attach supporting evidence to the maximum participation of DBEs on this project. This is a requirement. This evidence must include name of firm(s) contacted, date contacted, and outcome of solicitation.

Equal Opportunity Use:

Form received: ____/____/____ Verified by: _____

____ Accepted ____ Rejected _____

cc: ☐ Contracts ☐ Other _____

- WBEs are non-minority women owned firms certified by MaineDOT
 - DBEs are male and minority owned firms certified by MaineDOT
- For a complete list of certified firms go to <http://www.maine.gov/mdot>

Rev. 11/03

PROMPT PAYMENT PROVISION

104.5.2 Contractor's Duties

Subcontracting does not affect the Contractor's duties and liability to the Department under the Contract. Contractor must coordinate and manage its subcontractors to achieve the intent of the Contract. *[See Section 105.1 - Intent of Contract below.]*

* * * * *

104.5.5 Prompt Payment

A. Pay When Paid

The Contractor must pay subcontractors for all work satisfactorily performed and invoiced by the subcontractor no later than 30 days from the date the Contractor receives payment from the Department for such subcontractor's work.

B. Retainage

The Contractor must return to the subcontractor all retainage withheld from the subcontractor within 30 days after the date the subcontractor's work is satisfactorily completed. **If there is a delay in such return of retainage, the subcontractor may pursue all rights it may have under the claims procedure referenced in Section 104.5.6 below.**

* * * * *

104.5.6 Subcontractor Claims for Payment

The Contractor agrees to notify all subcontractors and suppliers of the claims filing procedure contained in 23 MRSA § 52-A(2). As provided in said statute, the Department may retain and deduct monies otherwise due the Contractor in an amount necessary to discharge subcontractor claims. *[See copy of this statute below.]*

104.5.7 Flow Down

All subcontracts of the Contractor, and all lower tier subcontracts, must contain or reference all applicable provisions of the Contract including all safety, wage, prompt payment, labor, environmental, and equal opportunity provisions. The Contractor indemnifies and hold harmless the Department against any and all claims or liabilities arising from the failure to include such provisions.

* * * * *

105.1 INTENT OF THE CONTRACT

The intent of the Contract is to provide for the construction and completion of a functionally complete Project within budget and schedule and otherwise in conformity with the Contract. . . .

* * * * *

A Relevant Maine Statute

23 § 52-A. Retention of part of contract price and settlement of claims by subcontractors

* * * * *

2. Settlement of claims by subcontractor. In any contract subject to this section, any subcontractor employed pursuant to that contract may file a claim with the department. The claim shall be only for final payment for goods and services received by the contractor and provided by the subcontractor employed pursuant to the contract and may be filed any time within 90 days after delivery of final goods and services. If the contractor fails or refuses to pay the claim, the subcontractor may submit the claim to arbitration within an additional 60 days after filing the claim with the department. The subcontractor shall notify the department of the submission of the claim to arbitration. Failure to file a claim with the department or failure to submit it to arbitration as provided under this subsection shall constitute a waiver of the claim with respect to the department and shall further constitute a release of any liability against the department by the subcontractor for retained funds being returned to the contractor. Both the contractor and subcontractor shall be bound by the decision of the arbitrator. The department shall pay any amount awarded by the arbitrator, including any costs of arbitration, from money due and securities deposited pursuant to subsection 1, up to the full value of the money and securities. In addition, the contractor shall pay to the subcontractor any interest or other income which was earned and received by the contractor on the money or securities awarded by the arbitrator from the date of receipt of final goods and services to the date of payment of the award by the contractor.

The membership of the American Arbitration Association shall be used as arbitrators and the procedures used for arbitration shall be in conformity with the Construction Industry Arbitration Rules as administered by the American Arbitration Association.

DBE DIRECTORY

(sample version)



Office of Human Resources

Equal Opportunity

To search for a specific work item, click on the binoculars, type in the word you want to search for and click on find. To go to the next selected item, click on the binoculars with the arrow.

MAINE DEPARTMENT OF TRANSPORTATION

CERTIFIED DISADVANTAGED AND WOMEN BUSINESS ENTERPRISE

**Information is updated on an ongoing basis and
can be retrieved by visiting our Website:**

www.maine.gov/mdot/disadvantaged-business-enterprises/dbe-home.php

ATTACHMENT-E

**UNIFORM CERTIFICATION APPLICATION
INCLUDING
PERSONAL NETWORTH STATEMENT**

**INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM
UNIFORM CERTIFICATION APPLICATION**

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (4) Give the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired

ownership of your firm. If you checked "Other," explain in the space provided.

- (6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.

- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) your firm has been a subsidiary of any other firm;
 - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) your firm has owned any percentage of any other firm; and
 - (d) your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

- (4) If you answered “Yes” to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An “immediate family member” is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered “Yes,” provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner’s gender.
- (6) Check the appropriate box that indicates this owner’s ethnicity (check all that apply). If you checked “Other,” specify this owner’s ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program’s other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner’s initial investment to acquire an ownership

interest in your firm, broken down by cash, real estate, equipment, and/or other investment.

- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked “Yes,” state the name of the other business and this owner’s title or function held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked “Yes,” identify the name of the other business and this owner’s title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be “socially and economically disadvantaged” and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner’s PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered “Yes,” briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm’s Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm’s Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm’s officers and/or directors listed above

perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.

- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

(1) Equipment

State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

(2) Vehicles

State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

(3) Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

D. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of

work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

CAREFULLY READ THE ATTACHED AFFIDAVIT IN ITS ENTIRETY. FILL IN THE REQUIRED INFORMATION FOR EACH BLANK SPACE, AND SIGN AND DATE THE AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC, WHO MUST THEN NOTARIZE THE FORM.

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

① Should I apply?

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$17.42 million in gross annual receipts?
- Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

② Is there an easier way to apply?

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. **NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**

③ Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.

④ Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/index/tableofsize.html> (provides a listing of SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ____ / ____ / ____ State: _____ <input type="checkbox"/> No
	<input type="checkbox"/> 8(a)	⊗ STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.
<input type="checkbox"/> SDB		

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? <input type="checkbox"/> Yes, on ____ / ____ / ____ <input type="checkbox"/> No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:		(2) Legal name of firm:	
(3) Phone #:	(4) Other Phone #:	(5) Fax #:	
(6) E-mail:		(7) Website <i>(if have one)</i> :	
(8) Street address of firm <i>(No P.O. Box)</i> :		City:	County/Parish: State: Zip:
(9) Mailing address of firm <i>(if different)</i> :		City:	County/Parish: State: Zip:

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any):
(3) This firm was established on ____ / ____ / ____	(4) I/We have owned this firm since: ____ / ____ / ____
(5) Method of acquisition <i>(check all that apply)</i> : <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other <i>(explain)</i>	
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No No	⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

<p>(7) Type of firm <i>(check all that apply)</i>:</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____ </div>						
<p>(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?</p> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p style="margin-left: 20px;">If Yes, explain:</p>						
<p>(9) Number of employees: Full-time _____ Part-time _____ Total _____</p>						
<p>(10) Specify the gross receipts of the firm for the last 3 years:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: right;">Year _____</td> <td style="width: 20%; text-align: right;">Total receipts \$ _____</td> </tr> <tr> <td style="text-align: right;">Year _____</td> <td style="text-align: right;">Total receipts \$ _____</td> </tr> <tr> <td style="text-align: right;">Year _____</td> <td style="text-align: right;">Total receipts \$ _____</td> </tr> </table>	Year _____	Total receipts \$ _____	Year _____	Total receipts \$ _____	Year _____	Total receipts \$ _____
Year _____	Total receipts \$ _____					
Year _____	Total receipts \$ _____					
Year _____	Total receipts \$ _____					

C. Relationships with Other Businesses

<p>(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?</p> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p style="margin-left: 20px;">If Yes, identify: Other Firm's name: _____</p> <p style="margin-left: 20px;">Explain nature of shared facilities:</p>													
<p>(2) At present, or at any time in the past, has your firm:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">(a) been a subsidiary of any other firm?</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">(b) consisted of a partnership in which one or more of the partners are other firms?</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">(c) owned any percentage of any other firm?</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">(d) had any subsidiaries?</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(b) consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(d) had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
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(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
(d) had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p>(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each <i>(attach extra sheets, if needed)</i>:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;"><u>Name</u></th> <th style="width: 30%; text-align: left;"><u>Address</u></th> <th style="width: 40%; text-align: left;"><u>Type of Business</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> </tbody> </table>		<u>Name</u>	<u>Address</u>	<u>Type of Business</u>	1.			2.			3.		
<u>Name</u>	<u>Address</u>	<u>Type of Business</u>											
1.													
2.													
3.													

D. Immediate Family Member Businesses

<p>Do any of your immediate family members own or manage another company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, then list <i>(attach extra sheets, if needed)</i>:</p>				
<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or</u>
<u>Manage?</u>				
1.				
2.				

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>street and number</i>):		City: State: Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (<i>Check all that apply</i>): <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (<i>specify</i>) _____	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership <u>Type</u> <u>Dollar Value</u> interest in firm: Cash \$ Real Estate \$ Equipment \$ Other \$
(3) Percentage owned:	
(4) Familial relationship to other owners:	
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>	
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____	
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____	

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? (<i>Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying</i>)	
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (<i>attach additional sheets if needed</i>):	

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors *(If additional space is required, attach a separate sheet):*

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? ☐ Yes ☐ No

If Yes, identify for each: Person: _____ Title: _____
Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? ☐ Yes ☐ No

If Yes, identify for each: Firm Name: _____ Person: _____
Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas *(If more than two persons, attach a separate sheet):*

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			

(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? ☐ Yes ☐ No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

☐ Yes ☐ No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? ☐ Yes ☐ No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: _____ (b) Phone No: () _____
(c) Address of bank: _____ City: _____ State: _____ Zip: _____

(2) Bonding Information: If you have bonding capacity, identify:

(a) Binder No: _____
(b) Name of agent/broker _____ (c) Phone No: () _____
(d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
(e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

<i>Name of Source</i>	<i>Address of Source</i>	<i>Name of Person Securing the Loan</i>	<i>Original Amount</i>	<i>Current Balance</i>	<i>Purpose of Loan</i>
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

<i>Contribution/Asset</i>	<i>Dollar Value</i>	<i>From Whom Transferred</i>	<i>To Whom Transferred</i>	<i>Relationship</i>	<i>Date of Transfer</i>
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed):

<i>Name of License/Permit Holder</i>	<i>Type of License/Permit</i>	<i>Expiration Date</i>	<i>License Number and State</i>
1.			
2.			
3.			

I. List the three largest contracts completed by your firm in the past three years, if any:

<i>Name of Owner/Contractor</i>	<i>Name/Location of Project</i>	<i>Type of Work Performed</i>	<i>Dollar Value of Contract</i>
1.			
2.			
3.			

--	--	--	--

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PEALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I hereby certify that I am a (circle all that apply):

Female Black American Hispanic American Native American
Asian- Pacific American Subcontinent Asian American
Other (specify) _____.

I have held myself out as a member of that group and have acted as a member of that group. I certify that I am an owner of the company seeking DBE certification and that I have been subjected to racial or ethnic prejudice or cultural bias within American society because of my identity as a member of the above circled group.

I further certify that my personal net worth does not exceed \$750,000, and that my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare, under penalty of perjury, that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Signature: _____

Date: _____

NOTARY CERTIFICATE:

DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- ☐ Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- ☐ Personal Financial Statement (form available with this application)
- ☐ Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- ☐ Your firm's tax returns (gross receipts) and all related schedules for the past three years
- ☐ Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- ☐ Your firm's signed loan agreements, security agreements, and bonding forms
- ☐ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ List of equipment leased and signed lease agreements
- ☐ List of construction equipment and/or vehicles owned and titles/proof of ownership
- ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- ☐ Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- ☐ All relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- ☐ Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- ☐ Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- ☐ Official Articles of Incorporation (*signed by the state official*)
- ☐ Both sides of all corporate stock certificates and your firm's stock transfer ledger
- ☐ Shareholders' Agreement
- ☐ Minutes of all stockholders and board of directors meetings
- ☐ Corporate by-laws and any amendments
- ☐ Corporate bank resolution and bank signature cards
- ☐ Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- ☐ Documented proof of ownership of the company
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

NOTE: The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.

Maine Department of Transportation
Disadvantage Business Enterprise Program

AFFIDAVIT of Social Disadvantage and Economic Disadvantage for Annual Renewal

All applicants for DBE status, and those majority business owners wishing to continue eligibility for DBE status must submit a completed **Personal Financial Statement**, the **Determination of Social Disadvantage**, and the **Certification Under Oath**.

In considering whether an owner has experienced social disadvantage based upon the effects of discrimination, the applicant for DBE status shall take into account whether the owner has held himself or herself out to be a member of a disadvantaged group, has acted as member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group.

Generally persons who are members of the following groups are rebuttably presumed to be socially and economically disadvantaged: **Black Americans**, which includes persons having origins in any of the Black racial groups of Africa; **Hispanic Americans**, includes persons of Mexico, Puerto Rico, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race; **Native Americans**, which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians; **Asian-Pacific Americans**, includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar) Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the US Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of Northern Marianas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong; **Subcontinent Asian Americans**, which includes person who origins are from India, Pakistan, Bangladesh, Brutan, the Maldives Islands, Nepal, or Sri Lanka; **Women**, and **Any groups whose members are designated socially and economically disadvantaged by SBA designation**.

Complete the following form: (1) for each socially disadvantage proprietor; (2) each socially disadvantaged limited and general partner, (3) each socially disadvantaged stockholder holding any voting stock. If the firm's business manager, general manager or operating officer is a socially disadvantaged individual separate and apart from the owner, this individual must complete a copy of this form as well. Duplicate this form as necessary but each completed form must be accompanied a completed and duly notarized Affidavit.

Name: _____ **Residence Phone:** _____

Residence Address: _____ **City, State:** _____

Business Phone/Fax: _____

Check all that apply:

____ **Race** ____ **Ethnicity** ____ **Gender** ____ **other**, explain on separate sheet

Completed by: _____ **Date:** _____

OFFICE OF HUMAN RESOURCES
MAINE DEPARTMENT OF TRANSPORTATION
ADDENDUM TO CERTIFICATION APPLICATION

PERSONAL FINANCIAL STATEMENT					
ASSETS			LIABILITIES		
(omit cents)			(omit cents)		
Cash on hand and in Banks \$_____			Accounts Payable \$_____		
Savings Accounts \$_____			Notes Payable to Banks and Others \$_____		
IRA or Other Retirement Account \$_____			(Describe in Section 1)		
Accounts and notes Receivable \$_____			Installment Account (Auto) \$_____		
Live Insurance –			Installment Account (Other) \$_____		
Cash Surrender Value Only \$_____			Loan on Life Insurance \$_____		
(Complete Section 7)			Mortgages on Real Estate \$_____		
Stocks and Bonds \$_____			(Describe in Section 3)		
(Complete Section 2)			Unpaid Taxes \$_____		
Real Estate \$_____			(Describe in Section 5)		
(Describe in Section 3)			Other Liabilities \$_____		
Automobile(s) – Present Value..... \$_____			(Describe in Section 6)		
Other Personal Property \$_____			Total Liabilities \$_____		
(Describe in Section 4)			Net Worth		
Other Assets \$_____			(Total Assets minus Total Liabilities) \$_____		
(Describe in Section 4)					
Total Assets \$_____					
Source of Income			Contingent Liabilities		
Salary \$_____			As Endorser of Co-Maker \$_____		
Net Investment Income..... \$_____			Legal Claims & Judgements..... \$_____		
Real Estate Income \$_____			Provision for Federal Income Tax \$_____		
Other Income \$_____			Other Special Debt \$_____		
Section 1. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured Endorsed Type of Collateral
Section 2. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 3. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be (Identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment Per Month			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

☐

Section 5. Unpaid Taxes: (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

☐

Section 6. Other Liabilities (Describe in detail.)

☐

Section 7. Life Insurance Held (Give face amount and case surrender value of policies – name of Insurance company and beneficiaries.)

☐

**Maine Department of Transportation
Disadvantage Business Enterprise Program
AFFIDAVIT**

Certifications Under Oath

By signing below, the person signing below hereby certifies and swears, **ON OATH**, as follows.

1. I have personal knowledge of all the information contained in this Application.
2. I have read, understand, and agree to all terms contained herein.
3. The information contained in this Application is true and complete.
4. I hereby authorize the Department to contact any person or entity necessary to verify or supplement any of the information requested by or provided in this Application without liability, and I hereby further authorize any person or entity contacted to provide any and all information requested without liability.

Date

Witness

[Signature]

By: _____
[Name and Title Printed]

Acknowledgment Under Oath

State of _____

County of _____

Date: _____

Then personally appeared the person who signed this page above and acknowledged this instrument to be his or her free act and deed, and further said person swore, ON OATH, that the statements made this page above entitled "Certifications Under Oath" are true and complete.

[Signature of Notary Public]

Name Printed: _____

My Commission Expires: _____

**Maine Freedom of Information Act
and
Confidentiality of DBE Records**

TITLE 5: ADMINISTRATIVE PROCEDURES AND SERVICES

- PART 2: CIVIL SERVICE
- CHAPTER 65: CODE OF FAIR PRACTICES AND AFFIRMATIVE ACTION (HEADING: PL 1975, c. 153, @1 (new))
- § 791. Records confidential

§ 791. Records confidential

Records and correspondence utilized by state agencies in the certification of minority business enterprises, women's business enterprises and disadvantaged business enterprises which pertain to the applicant's financial or tax status, to private contracts made by the applicant, to the applicant's trade secrets or to any other matter customarily regarded as confidential business information shall be confidential and shall not be open for public inspection. [1985, c. 587 (new).]

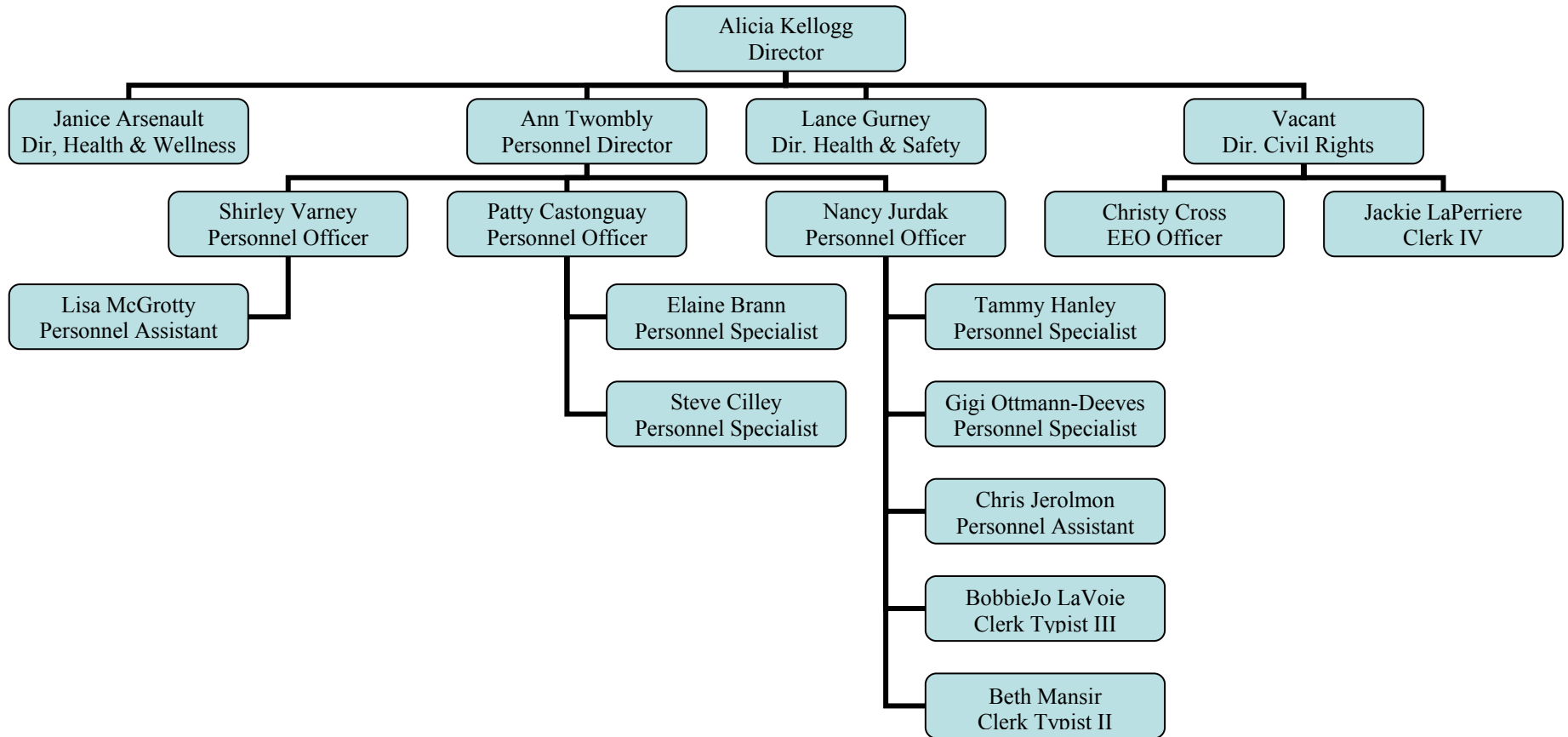
Nothing in this section prevents the disclosure of any records, correspondence or other materials to authorized officers and employees of the State Government and Federal Government. [1985, c. 587 (new).]

Section History: 1985, c. 587 (NEW) .

MaineDOT Human Resources Organizational Chart

Human Resources Organizational Chart

As of 11/03



**MaineDOT DBE MENTOR/PROTEGE
OUTLINE
(sample version)**

MaineDOT Training Incentive Program - Mentor/Protege Sample Format

Every effort should be made to enter into agreements well in advance of a specific project. While the intent of such a program may be applied on a project-by-project basis, MaineDOT encourages the relationship between the more knowledge/teaching firm and the lesser skilled/to be trained firm be developed sooner than later. In this way, with advanced approval from MaineDOT Equal Opportunity and applicable modal entity support, all parties (Contractor/Consultant and DBE firm) may receive full DBE participation credit for the approved scope.

The following is a SAMPLE format, and firms are encouraged to modify this tool to meet their own unique conditions/terms/scope.

- I. Identify Prime and DBE Partner (s)
- II. Identify specific skill set (skill, process, technique) include break out of all anticipated training time including any formal classroom (e.g.: OSHA 30 hour program in order to be certified as competent person). Consult MaineDOT Standard Specifications manual for work item description time in classroom, on-site and in administrative application is creditable but must be stated in the program plan (MaineDOT realizes that hours will be approximate).
- III. Identify the anticipated personnel who'll participate as trainer(s) and beneficiary(ies) and an anticipated time in order to complete the teaching/learning process. Include current salary by hourly breakout and job title. Credit is counted by actual \$ for \$.
- IV. Identify the Administrative/overhead cost and % of same that the Prime anticipates it will cost in order to develop the lesser knowledged firms expertise. Credit is counted by actual \$ for \$.
- V. Each partner in the TIP/Mentor-Protege experience must sign and date the program plan.
The Prime must submit and have the approved program plan to MaineDOT Human Resources PRIOR to its implementation on any MaineDOT federal financial assisted project. Copies of Accepted program plans will be returned to each partner, applicable MaineDOT modal Program manager, and if applicable, on-site personnel. Consult Human Resources for questions/guidance.

**MaineDOT REGULATION
REGARDING DEBARMENT**

DEPARTMENT OF TRANSPORTATION -- 17

OFFICE OF THE COMMISSIONER -- 229

CHAPTER -- 102 -- RULES REGARDING DEBARMENT OF CONTRACTORS

SUMMARY: Chapter 102 sets forth the rules used by the Department of Transportation for considering debarment of contractors.

102.01 DEFINITIONS

1. Person shall mean any individual, corporation, partnership or other business entity and shall include affiliates and subsidiaries of any such entity, and shall also include directors and officers of any entity which are closely connected to or associated with such and entity so as to control or have the power or authority to control such and entity in any business dealings.
2. Debarment shall mean disqualification from bidding on or subcontracting for any project administered by the Maine Department of Transportation.
3. Bidding Crime shall mean any act prohibited by the state or federal law committed in any jurisdiction involving fraud, conspiracy, collusion, perjury or material misrepresentation with respect to bidding on any public or private contract, and shall include violations of state anti-trust laws, federal anti-trust laws, the Racketeer Influence and Corrupt Organizations Act (RICO), 18 U.S.C. §1961, et seq., and the Mail Fraud Act, 18 U.S.C. §1341, et seq.

102.02 AUTHORITY FOR DEBARMENT

The Commissioner of the Department of Transportation shall have the authority to debar any person for the following reasons:

- A. Conviction of a bidding crime resulting from either a jury or bench trial; any plea of guilty or nolo contendere to a charge of a bidding crime; any public admission by any person of a bidding crime; or any testimony under oath by an undicted co-conspirator indicating a person's involvement in a bidding crime.
- B. Conviction of any offense indicating a lack of moral or ethical business integrity as may reasonably be perceived to relate to or reflect upon the business practices of the person.
- C. Debarment by any other State or Federal agency for substantially any of the reasons listed in this Section.
- D. Making false, deceptive, or fraudulent statements on any documents submitted to the Department.
- E. Any other cause affecting a person's responsibility as a contractor of such serious and compelling nature so as to consider said person for disbarment.

NOTIFICATION AND RIGHT TO HEARING

Any person considered for debarment shall be sent written notice by certified mail and allowed the opportunity for a hearing to determine whether debarment is appropriate. The notice shall state that debarment is being considered, the reasons underlying the consideration of debarment, and that the person under consideration shall be afforded an opportunity for a hearing on a specified date.

With respect to any hearing of a person under consideration for debarment:

- A. Hearings shall be before a Debarment Committee consisting of five (5) individuals appointed by the Commissioner.
- B. Findings of the Committee are to be determined by a preponderance of the evidence.
- C. Such findings shall be agreed upon by a majority of the members of the Committee.
- D. The Debarment Committee shall submit a written report to the Commissioner and each person under consideration for debarment.
- E. The Commissioner shall render a final decision after review of the report of the Committee, any evidence contained in the record of the Hearing and any information related to the public interest. The Commissioner shall provide a copy of said decision to each person under consideration for debarment.
- F. The Commissioner shall have the authority, in the best interest of the public, to suspend or otherwise delay inquiry into possible debarment in the event that such inquiry might impede any State or Federal investigation.

TERMS OF DEBARMENT

If a person is debarred, the term of debarment shall be for a period commensurate with the seriousness of the causes but shall not exceed twenty-four (24) months except as provided herein.

The Commissioner shall have the authority to lift, suspend or shorten the term of the debarment, or in the alternative, extend the term of debarment for any mitigating circumstances he may consider appropriate, and may include but shall not be limited to:

- A. The degree of culpability of the debarred person;
- B. Whether under the facts and circumstances of a debarred person's case a lengthy debarment is necessary to protect the best interest of the State;
- C. A debarred person's disassociation from individual and business entities that have been involved in bidding crimes;

D. Cooperation by a debarred person with State, Federal or other governmental investigations of bidding crimes, including a complete and full account of the involvement of the debarred person therein;

E. Restitution by the debarred person of damages to the State.

Any debarred person may request a hearing to show that mitigating circumstances exist to lift, suspend or shorten the term of debarment.

102.05 AFFIRMATIVE DUTY TO NOTIFY THE DEPARTMENT

Every person submitting a bid or proposal to the Department of Transportation on any project shall be under the duty to notify the Department in writing and with each bid or proposal whether said person is under debarment in Maine or any other State, has been debarred by any Federal agency, or has been convicted of or pled guilty or nolo contendere to any bidding crime. Any person's failure to furnish such notification shall constitute a reason for considering debarment.

102.06 OBLIGATIONS OF A DEBARRED PERSON

Debarment by the Commissioner of any person shall in no way affect the obligations of that person to complete services already under contract.

102.07 EFFECTS OF DEBARMENT

Any debarred person shall not be employed in any capacity on any project administered by the Department during the term of debarment, except as specifically detailed by the Commissioner.

BASIS STATEMENT: This rule was enacted to protect public funds from contractors who have engaged or are engaged in anti-trust, collusive and other irresponsible activities. A public hearing was held on July 31, 1985 at the Department of Transportation. The only comment recommending any changes to this rule was to add the word "knowingly" as the first work of Section 102.02(D). The Commissioner has determined that this change is not advisable, since the addition of the word would render this section unenforceable.

The Commissioner determined that this rule would not have significant economic impacts on a substantial number of small entities in accordance with Executive Order 12 FY 84/85.

AUTHORITY: 23 M.R.S.A. §§4204, 4206

EFFECTIVE DATE: OCT 2 1985

TITLE 23: HIGHWAYS

- PART 1: STATE HIGHWAY LAW
- CHAPTER 13: CONSTRUCTION, MAINTENANCE AND REPAIRS
- SUBCHAPTER II: STATE HIGHWAYS

§ 753. Contracts for construction

The department shall have full power in the letting of all contracts for the construction of all state highways and other work under its jurisdiction, except as otherwise provided. The department shall make all surveys, plans, estimates, specifications and contracts for all proposed work and shall, except as otherwise provided in chapters 1 to 19, advertise for bids for the same in 2 or more public newspapers printed wholly or in part in the State, and in one public newspaper printed wholly or in part in the county where the proposed work is to be done, if any such newspaper is so printed in such county. Such advertisement shall state the place where the bidders may examine the plans and specifications, and the time and place where the bids for such work will be received by the department. Each bidder must accompany his bid with a deposit of a good and sufficient bid bond in favor of the State for the benefit of the department, executed by a corporate surety authorized to do business in the State, or certain securities, as defined in Title 14, section 871, subsection 3, payable to the Treasurer of State, for an amount which the department considers sufficient to guarantee that if the work is awarded to him, he will contract with the department for its due execution. All bids so submitted shall be publicly opened and read at the time and place stated in such advertisement. The department shall have the right to reject any and all bids, if in its opinion good cause exists, but otherwise it shall award the contract to the lowest responsible bidder. Any town may submit bids for state highway construction within its limits, and shall be subject to all requirements prescribed for other contractors, except that no bond need be required of it. The department may construct state highways by day labor without advertising for bids; and may, with the approval of the Governor, award contracts for state highways without advertising for bids, if the same shall be for the best interest of the State. [1985, c. 554, § 4 (amd).]

The department may adopt its own standard contract specifications. Notwithstanding any other federal or state law, the department's standard specifications shall be utilized in lieu of federally mandated contract clauses. [1989, c. 208, §§20, 21 (new).]

Section History: 1969, c. 322, § 2 (AMD). 1971, c. 593, § 22 (AMD). 1975, c. 771, § 252 (AMD). 1985, c. 554, § 4 (AMD). 1985, c. 86, § 2 (AMD). 1989, c. 208, § 20 (AMD).

§ 752. Expense of construction

The department shall be sole arbiter of the designation of state highways, but shall, after reasonable notice by publication, give all parties interested an opportunity to be heard thereon before such designation is made. [1971, c. 593, § 22 (amd).]

The expense of constructing such state highways shall be borne wholly by the State, except as otherwise provided in chapters 1 to 19. [1971, c. 593, § 22 (amd).]

Section History: 1971, c. 593, § 22 (AMD).

OFFICE OF THE COMMISSIONER

Chapter 105: RULES REGARDING SUSPENSION FROM BIDDING

SUMMARY: Chapter 105 sets forth the rules used by the Maine Department of Transportation to suspend a contractor's right to bid on Construction Contracts.

105.01 Definitions

For purposes of this chapter, the following words have the following meanings unless the context indicates otherwise.

Construction Contract. A contract between the Department and at least one other party with a scope of work that encompasses the construction or maintenance of on-the-ground improvements including roads, bridges, paths, wharves, piers, buildings, other transportation infrastructure, and related improvements such as landscaping. Construction Contracts do not include planning, appraisal, design, survey or other preconstruction services unless such services are to be provided by the Contractor and are specifically within the scope of work.

Predecessor Entity. Any individual or entity that was in existence at any time within five years of the conduct allegedly justifying the suspension and that was owned, operated, or controlled to a significant degree by a Contractor or that Contractor's owners or officers.

Unless the context clearly indicates otherwise, all other words, phrases or terms shall have the meanings contained in the latest version of the Department's Standard Specifications, Highways and Bridges, as revised by Supplemental Specifications.

105.02 Suspension Authorized

The Department may suspend the right of a Contractor to submit bids on Construction Contracts for a term of not less than 90 days, but not more than two years. In setting the period of suspension, the Department will consider the degree to which the Contractor has violated the grounds for suspension set forth in 105.03 as well as the gravity of the attendant consequences of such violation. Suspension does not affect the suspended Contractor's right to perform Work as a subcontractor on Construction Contracts provided that the suspended Contractor does not work as a subcontractor for its Predecessor Entity or its Related Entity.

Suspension is distinguishable from debarment in that the suspended Contractor is only prohibited from bidding on Construction Contracts, but the suspended Contractor can work as a subcontractor. In the case of suspension, the maximum period of suspension under this rule is two years. Compare the "Rules Regarding Debarment of Contractors", Me. Dept. of Trans. Reg. 17-229, Chap. 102.

105.03 Grounds for Suspension

The Department may suspend a Contractor if the Contractor, its predecessor entity, or a related entity:

- A. Defaults or terminates on past or current Contracts;
- B. Fails to pay or settle any bills for labor, materials or services on past or current Contracts;
- C. Fails to provide Closeout Documentation in a timely way on past or current Contracts;
- D. Fails to fulfill warranty obligations of past or current Contracts;
- E. Engages in "Below Standard" performance as determined by the Department's Contractor's Performance Rating process;
- F. Is unable to obtain or retain performance or payment bonds meeting the Department's requirements;
- G. Fails to accept an award of a Contract made by the Department;
- H. Makes false, deceptive, or misleading statements or omissions, whether or not under oath, on the Contractor's Prequalification Application, in connection with a claim on prior Contracts or in connection with bidding or performance on a Construction Contract;
- I. Fails to provide information requested by the Department pursuant to this Chapter 105;
- J. Engages in activity that constitutes grounds for debarment under section 102.02 of the "Rules Regarding Debarment of Contractors", Me. Dept. of Trans. Reg. 17-229, Chap. 102 (Oct. 2, 1985);
- K. Is debarred or suspended by any federal, state or local governmental procurement agency or agrees to refrain from bidding as part of a settlement with any such agencies.
- L. Engages in serious misconduct that the Department reasonably determines will substantially and adversely affect the cost, quality or timeliness of Work or the safety of workers or the public.

105.04 Notice of Possible Suspension

The Department must provide written notice to the Contractor that the Department is considering suspending the Contractor from bidding on Construction Contracts. The notice must include the apparent grounds for suspension and a copy of these Rules Regarding Suspension from Bidding (Chapter 105).

105.05 Investigation

The Department may require the Contractor to provide any information that the Department determines is necessary or convenient to evaluate possible suspension including all information requested in the Contractor's Prequalification Application form adopted by the Department. The Department may conduct such other investigation as it determines is necessary to evaluate possible suspension of the Contractor including gathering information from other published sources of industry information, information from other state transportation departments, the Federal Highway Administration, and any other relevant information. The Department may issue subpoenas to compel the attendance and testimony of witnesses and the production of evidence relating to any material issue in accordance with Maine Administrative Procedure Act, 5 M.R.S.A. Section 9060.

Based upon this investigation, the Department will determine whether there exist reasonable grounds to proceed with suspension. The Department must provide written notice to the Contractor of this determination. Said notice must include a provision that the Contractor has the right within 10 days of receipt of said notice to request a hearing. Such notice may also include a provision that the Department, in its discretion, has scheduled a hearing.

105.06 Hearing

If a hearing is scheduled due to a request by the Contractor or due to an exercise of the Department's discretion, the Department will provide the Contractor with at least 10 days prior written notice of the date, time and place of the hearing unless waived by the Contractor. All hearings shall be adjudicatory proceedings held in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A. Section 9051, *et seq.*

105.07 Decision

After investigation and hearing (if any), the Department will make its decision through its Chief Engineer and notify the Contractor in writing of its determination. If a Contractor is suspended, then the term of the suspension shall not be less than 90 days and not more than two years.

Upon receipt of the Department's notice of suspension, the Contractor is disqualified from bidding on Construction Contracts for the suspension period in the notice.

105.08 Delay of Bid Openings Pending Appeal

Within two days of receipt of a notice of suspension, the Contractor or the Department may request a postponement of bid openings on which the Contractor intends to bid until after the appeal process provided in subsection 105.09 below. Such requests will be granted unless the Department in its discretion determines that delay is likely to cause substantial harm to the interests of the State. If a request for postponement is denied, the Contractor is not eligible to bid pending appeal.

105.09 Appeal to Commissioner

To appeal a suspension by the Chief Engineer, the Contractor must, within 10 days of receipt of the notice of suspension, deliver to the Commissioner a written appeal notice and any additional written information or arguments that the Contractor wants considered.

Within 20 days of receipt of the appeal notice, the Commissioner or his designee(s) will notify the Contractor in writing that the suspension is affirmed, modified or reversed, that additional information is required or that the Commissioner elects to submit the issue to binding or non-binding alternative dispute resolution.

105.10 Final Agency Action

Any such written affirmation, modification, or reversal by the Commissioner or his designee(s) pursuant to 105.9 of these rules shall be final agency action as of the date of receipt by the Contractor. In cases of binding alternative dispute resolution, the 20-day appeal period shall not begin to run until the day after the Commissioner mails written notice to the Contractor that the Commissioner has adopted the decision. In cases of non-binding alternative dispute resolution, the 20-day appeal period shall not begin to run until the day after the Commissioner mails to the Contractor written notice adopting, modifying or reversing the non-binding decision.

105.11 Judicial Review

Any petition for review shall be in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A. §11001, *et seq.* and Rule 80C of the Maine Rules of Civil Procedure.

STATUTORY AUTHORITY: 23 M.R.S.A. §§ 52, 753, 4206 (5).

EFFECTIVE DATE:

September 26, 2001